

found at: sosmt.gov/elections

Declaration for Nomination and Oath of Candidacy

ے ق	Filed this 28 day of 11 long 202	
ILING	Document #	
FOR FI	Fee paid: Cash check credit	
F P	By:	
	Deputy or Filing Officer	

Deputy or Filing Officer
DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE
Filing for office of: N=IGHBORHOOD COUNCILS OR Nonpartisan
Candidate Name (printed exactly as it should appear on the ballot): MICHAEL J. FLAHERTY
Mailing Address City and State Zip Code
1128 ZOWNIESW GROAT FALLS, MT 59404
Residence Address City and State Zip Code
1128 20th NESW GRONT FALLS MT 59404
County of Residence Contact Phone Email Address Website Address
CASCADE 406-799-6130 MIKO C 95PAPER. COM
IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:
Lieutenant Governor Name (printed exactly as it should appear on the ballot):
Mailing Address: Residence Address:
Phone: Email Address: Website Address:
IF THIS DECLARATION IS FOR THE STATE LEGISLATURE , YOU MUST SELECT ONE OF THE FOLLOWING:
(a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR
(b) I hereby affirm that I will meet the residency qualification(s) in (a)above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify.
FILING FEE – FEE MUST BE PAID BEFORE FILING IS VALID:
Candidate Filing Fee, if applicable, in the amount of \$ is hereby submitted with this Declaration and Oath of Candidacy.
OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:
I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.
5/28/21
Signature of Candidate Date
NOTARY PUBLIC OR AUTHORIZED OFFICER
State of Montana Country of The house of The house
Signed and sworn to before me thisday of
Where to file Federal, Statewide,
State District and Legislative offices: Montana Secretary of State Signature of Notary or Public Official
P.O. Box 202801
State Capitol Building, 1301 E. 6th Ave 2nd Floor, Room 260 RONNIE FOGERTY Printed Name of Notary Public
Printed Name of Notary Public NOTARY PUBLIC for the
Online: sosmt.gov/elections/filing/ Fax: 406-444-2023 State of Montana Residing at Great Falls, Montana My Commission Expires Notary Public for the State of My Commission Expires
Where to file County, City and most September 3, 2021 Residing at:
Local District offices: County Election Office My commission expires: 2, 4,3, 20
A list of county election offices may be [SEAL/STAMP]



Declaration for Nomination and

NG	Filed thisday of	,20
FOR FILING OFFICE ONLY	Pocument #	credit
	Deputy or Filing Officer	

Oath of Candidac	MAY 1 4 2021	OFFIC B)	ee paid: cash check y: Deputy or Filing Officer	credit
DECLARATION AND OATH OF CANDIDACY TO BE FILED W	VITH SECRETARY OF STATE OR COUNTY E	LECTION ADMIN		
Filing for office of: Weigh borhood Full name of office including district and/o	COUNCIL # 1 or department numbers if applicable	Name o	of Political Party	OR Nonpartisan
Candidate Name (printed exactly as it should app	pear on the ballot): David	RF	oscue	
Mailing Address	City and	d State		Zip Code
2708 Alamo driv	2 61	reat 1	Falls MT	59404
Residence Address	City and	d State		Zip Code
2704 Alamo drive	6,	eat Fa	alls mT	79404
County of Residence Contact Photo	ne Email Address		Website Address	
(406) 8	768-8030 FOSCUR	FM CG	rail.com	
IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR	, YOU MUST COMPLETE THE FOLLOWING	INFORMATION:		
Lieutenant Governor Name (printed exactly as it sl	hould appear on the ballot):			
Mailing Address:	Residen	nce Address:		
Phone: Email Address	s:		Website Address:	
IF THIS DECLARATION IS FOR THE STATE LEGISLATURE , Y		NG:		
(a) I hereby affirm that I am either a resident of legislative district if it contains all or parts of		ate, if it contain	ns one or more legislative districts	, or of the
(b) I hereby affirm that I will meet the resident of the Secretary of State in writing when I q	qualify or if I do not qualify.	nonths precedii	ing the general election and will n	otify the office
Candidate Filing Fee, if applicable, in the amou		ehy suhmitted	with this Declaration and Oath of	f Candidacy
OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE B				Cartaldacy.
I hereby affirm that I possess, or will possess with the United States and the State of Montana.				stitution and laws of
PICI	2	14	May 2021	
Signature of Candidate		Date		
NOTARY PUBLIC OR AUTHORIZED OFFICER				
State of Montaña County of		_	` ` ` -	
	ay of 20	by_	Invid R tos	ac_
Where to file Federal, Statewide, State District and Legislative offices:		Pon	nu gedy	
Montana Secretary of State P.O. Box 202801		Signature of N	lotary or Public Official	(
State Capitol Building, 1301 E. 6th Ave			tonne togy?	49
2 nd Floor, Room 260 Helena, MT 59620	B. WIE. OGE	OGERTY IC for the	Printed Name of Notary Pu	iblic
Online: sosmt.gov/elections/filing/ Fax: 406-444-2023	SEAL)	ana - als, Montana	Notary Public for the State	of Marqua
Where to file County, City and most		an Expires 3, 2021	Residing at: Noat to	alls Martano
Local District offices: County Election Office		205551	My commission expires	DEMP(200)
A list of county election offices may be	L/STAMP]	OGERTY GUIC for the		
found at: sosmt.gov/elections		Contana Falls, Montana		
	September September	Sion Expires	Revis	sed July 24, 2019



be found at: sos.mt.gov/elections

FOR FILING OFFICE ONLY	Filed thisday of	,20
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	By:	

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	outil or callarado)	D-OFIVED !		_
		APR 2 6 2021	Deputy or Filing Officer	
	OATH OF CANDIDACY TO BE FILED WIT	H SECRETARY OF STATE OR COUNTY ELECTION	ON ADMINISTRATOR AS APPLICABLE	
Filing for	hborhood Comncil	#1	× Nonpartisan	
	of office including district and/or dep		Name of Political Party	
Candidate Name (p	printed exactly as it should appea	or on the ballot): Pat M. Goo	odover II	
Mailing Address:	PO Box 1725		Great Falls MT 59403	
(40)	treet or PO Box		City Zip	
Residence Address	: 803 Forest Avenu	ue	Great Falls 59404	
	Street		City Zip	
County of Residence	e: Cascade	xhame/Mobile Phone: 406	5-799-2030 Work Phone:	
Email Address:	goodover@centric	net Website Address	s:	
IF THIS DECLARATION	IS FOR THE OFFICE OF GOVERNOR, Y	OU MUST COMPLETE THE FOLLOWING INFO	RMATION	
Lieutenant Govern	or Name (printed exactly as it sho	uld appear on the ballot):	- Altitude 1927 1 - 200 1 - 10	
Mailing Address:		Residence Add	dress:	
Phone:	Email Address:	Website Addre	ess:	
THE PER ADATION	I IC FOR THE CTATE LEGISLATURE VOI	LANGE CELEGY ONE OF THE FOUNDAME		
_1		J MUST SELECT ONE OF THE FOLLOWING:		
(a) I hereby aff legislative d	firm that I am either a resident of l listrict if it contains all or parts of I	the county in which I am a candidate, if a more than one county, OR	it contains one or more legislative districts, or of the	
(b) I hereby aff	Firm that I will meet the residency	qualification(s) in (a)above for 6 months	s preceding the general election and will notify the office	
of the Secre	tary of State in writing when I quo	MD T		
FILING FEE – FEE MUS	ST BE PAID BEFORE FILING IS VALID:			
Candidate Filing	Fee, if applicable, in the amount	of \$ is hereby sub-	mitted with this Declaration and Oath of Candidacy.	
DATH OF CANDIDACY	- CANDIDATE MUST SIGN IN THE PRI	ESENCE OF A NOTARY PUBLIC OR AN OFFICE	R OF THE OFFICE WHERE THIS FORM IS FILED:	
		constitutional and statutory deadlines,	, the qualifications prescribed by the Constitution and laws	of
the United States و	and the State of Montana.	254	11/- 7/0/	
1	ayon 600de	aves D	4/22/21	
Signat	ure of Candidate		Date '	
	UTHORIZED OFFICER			
State of Montana County of 0	rade			
Signed and sworn t		of april 2021	by fat Good over I	
Agrica and sworm c	o before the time		Printed Name of Candidate	_
	Federal, Statewide,		100 K 1/2 0000 0)	
State District and Montana Secreta	d Legislative offices:	$\frac{1}{2}$	nca 7 reality	_
	Floor, Room 260	Signat	ture of Notary or Public Official	
PO Box 202801			Linda K Kiddle	_
Helena, MT 5962 Online: sos.m	1		Printed Name of Notary Public	
	44-2023		Notary Public for the State of	_
	County, City and		Residing at: 6 Reat FallS	<u> </u>
most Local Distriction County Election County		January 26, 2025	1/2/ 09	7
	lection offices may	My Commission Expires	My commission expires: 1 20, 20 2	_

Motery Public for the State of Montana State of Montana Residing at GREAT FALLS, MT MY Commission Evaluation LINDA K RIDDLE



Updated October 23, 2013



found at: sosmt.gov/elections

Declaration for Nomination and

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5	Document #	
200	Fee paid: cash check	credit
5	By:	
80	Danishi as Filina Offices	

Oath of Candidacy	Fee paid: cash check credit By: Deputy or Filing Officer
DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STA	TE OR COUNTY FLECTION ADMINISTRATOR AS APPLICABLE
Filing for office of: Weighho-hood Council H Full name of office including district and/or department numbers in	OR Nonpartisan
Candidate Name (printed exactly as it should appear on the ballot):	Everett Hall
Mailing Address	City and State Zip Code
1301 Maria Drive	Great Falls, MT 59404
Residence Address	City and State Zip Code
1301 Maria Drive	Great Fell, MT 59404
	il Address Website Address Chall 1970 PMSN.com
IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE	THE FOLLOWING INFORMATION:
Lieutenant Governor Name (printed exactly as it should appear on the b	pallot):
Mailing Address:	Residence Address:
Phone: Email Address:	Website Address:
IF THIS DECLARATION IS FOR THE ${\bf STATE}$ LEGISLATURE, YOU MUST SELECT ONE ${\bf C}$	OF THE FOLLOWING:
(a) I hereby affirm that I am either a resident of the county in which legislative district if it contains all or parts of more than one county	I am a candidate, if it contains one or more legislative districts, or of the nty, OR
(b) I hereby affirm that I will meet the residency qualification(s) in (of the Secretary of State in writing when I qualify or if I do not qualify the secretary of State in writing when I qualify or if I do not qualify the secretary of State in writing when I qualify or if I do not qualify the secretary of State in writing when I qualify or if I do not qualify the secretary of State in writing when I qualify or if I do not qualify the secretary of State in writing when I qu	a)above for 6 months preceding the general election and will notify the office ralify.
FILING FEE – FEE MUST BE PAID BEFORE FILING IS VALID:	
Candidate Filing Fee, if applicable, in the amount of \$	is hereby submitted with this Declaration and Oath of Candidacy.
OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY	PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:
I hereby affirm that I possess, or will possess within constitutional and the United States and the State of Montana. Signature of Candidate	statutory deadlines, the qualifications prescribed by the Constitution and laws of $\frac{4-22-202}{\text{Date}}$
NOTARY PUBLIC OR AUTHORIZED OFFICER	
State of Montana County of	2001 by EXERTHALL.
Where to file Federal, Statewide, State District and Legislative offices: Montana Secretary of State P.O. Box 202801 State Capitol Building, 1301 E. 6 th Ave 2 nd Floor, Room 260 Helena, MT 59620 Online: sosmt.gov/elections/filing/ Fax: 406-444-2023 Where to file County, City and most Local District offices:	BONNIE FOGERTY NOTARY PUBLIC for the State of Montana diding at Great Falls. Montana My Commission Expires September 3, 2021 Printed Name of Notary Public Notary Public for the State of Residing at:
County Election Office A list of county election offices may be	My commission expires , 20 / STAMP1

[SEAL/STAMP]



found at: sosmt.gov/elections

Declaration for Nomination and Oath of Candidacy

Filed thisday of	,20
	credit
By:	
	Document # check

Oath of Candidacy MAY 2	7 2021	Fee paid: cash check	Credit
		Deputy or Filing Officer	
DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF ST.	ATE OR COUNTY ELECTION	N ADMINISTRATOR AS APPLICABLE	
Fill name of office including district and/or department numbers	s if applicable	Name of Political Party	OR Nonpartisan
Candidate Name (printed exactly as it should appear on the ballot):	David N	1. J. Saslav	
Mailing Address	City and State		Zip Code
2736 Clover Drive	Great	Falls, MT	59404
Residence Address	City and State		Zip Code
SAME AS ABOVE			
County of Residence Contact Phone Em	ail Address	Website Address	
CASCADE 406-315-3733 DE	SASLAV@GMA	IL: COM RENDITION	Smusic, com
IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLET	E THE FOLLOWING INFORM	MATION:	
Lieutenant Governor Name (printed exactly as it should appear on the	ballot):		
Mailing Address:	Residence Add	ress:	
Phone: Email Address:		Website Address:	
IF THIS DECLARATION IS FOR THE STATE LEGISLATURE , YOU MUST SELECT ONE	OF THE FOLLOWING:		
(a) I hereby affirm that I am either a resident of the county in whice legislative district if it contains all or parts of more than one county.		contains one or more legislative distric	ts, or of the
(b) I hereby affirm that I will meet the residency qualification(s) in of the Secretary of State in writing when I qualify or if I do not a		preceding the general election and will	notify the office
FILING FEE – FEE MUST BE PAID BEFORE FILING IS VALID:	quanjy.		
Candidate Filing Fee, if applicable, in the amount of \$	is hereby sub	omitted with this Declaration and Oath	of Candidacy.
OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTAR	RY PUBLIC OR AN OFFICER	OF THE OFFICE WHERE THIS FORM IS FILED	:
I hereby affirm that I possess, or will possess within constitutional and the United States and the State of Montana.	d statutory deadlines, t	the qualifications prescribed by the Co	nstitution and laws of
David Day		5-27-2021	
Signature of Candidate		Date	1
NOTARY PUBLIC OR AUTHORIZED OFFICER			
State of Montana			
County of Commande		\(\)	1
Signed and sworn to before me this 27^{μ} day of May	, 20 <u>2</u>]	by Avid M. J. Sq.5 Printed Name of Candidate	19V
Where to file Federal, Statewide,	4		
State District and Legislative offices: Montana Secretary of State		and Taros	
P.O. Box 202801	Signatu	ire of Notary or Public Official	
State Capitol Building, 1301 E. 6 th Ave		Lune Par	ce l
2 nd Floor, Room 260 Helena, MT 59620		Printed Name of Notary P	ublic
Online: sosmt.gov/elections/filing/		Natara Dukla farah Cara	as 111
Fax: 406-444-2023	LYNNE PARCEL	Notary Public for the Stat	en wowlend
Where to file County, City and most	NOTARY PUBLIC for the State of Montana	Residing at 1764	falls
Local District offices:	esiding at Great Falls Monta	ana	1011/1-01
County Election Office A list of county election offices may be	My Commission Expires October 16 2021	My commission expires:	10/16/,200)



Declaration for Nomination and

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FOR FILING OFFICE ONL	Document #
OR F	Fee paid: cash check credit
E 9	Ву:
	Deputy or Filing Officer

Oath of Candidacy	Fee paid: cash check_	credit
JUN	1 4 2021 By: Deputy or Filing Officer	
ECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY	OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE	
office of: A E G H B O C O C C		OR Nonpartisan
andidate Name (printed exactly as it should appear on the bal	llot): RONALD J SZABO	
Mailing Address	City and State	Zip Code
1009 DURANGO DR	G-REAT FALLS, MT	59404
SAME	City and State	Zip Code
County of Residence Contact Phone	Email Address Website Address	
CHSCADE 406-529-12/8	sgalown @ halmuel for	
F THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST CO	MPLETE THE FOLLOWING INFORMATION:	
ieutenant Governor Name (printed exactly as it should appear	on the ballot):	
Mailing Address:	Residence Address:	
Phone: Email Address:	Website Address:	
F THIS DECLARATION IS FOR THE STATE LEGISLATURE , YOU MUST SELEC	CT ONE OF THE FOLLOWING:	
of the Secretary of State in writing when I qualify or if I d FILING FEE – FEE MUST BE PAID BEFORE FILING IS VALID:		
Candidate Filing Fee, if applicable, in the amount of \$	is hereby submitted with this Declaration and Oath	
	NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILE and and statutory deadlines, the qualifications prescribed by the Co	
NOTARY PUBLIC OR AUTHORIZED OFFICER		
State of Montana County of	by Renald IS	zaho.
Where to file Federal, Statewide, State District and Legislative offices: Montana Secretary of State P.O. Box 202801	Signature of Notary or Public Official	
State Capitol Building, 1301 E. 6 th Ave 2 nd Floor, Room 260 Helena, MT 59620 Online: sosmt.gov/elections/filing/	BONNIE FOGERTY NOTARY PUBLIC for the State of Montana Notary Public for the State	100
Where to file County, City and most Local District offices:	Residing at Great Falls, Montana My Commission Expires September 3, 2021 Residing at:	STAILS M
County Election Office	My commission expires:	36H 3, 2001

[SEAL/STAMP]

A list of county election offices may be

found at: sosmt.gov/elections